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The Status of Corticosteroid Therapy In Dermatology

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• Therapy with systemic corticosteroids, despite attendant serious risks, is mandatory in diseases such as pemphigus, acute disseminated lupus erythematosus and some cases of exfoliative dermatitis that are ordinarily fatal, for in such cases life may be prolonged and the patients made comfortable. If no contraindications exist, therapy with corticosteroids is desirable, for diseases of short duration—contact dermatitis, serum sickness reactions and drug eruptions of all kinds—provided the causative factors have been removed and the reactions are causing severe distress.

On the basis of encouraging reports in the literature corticosteroid therapy may be instituted with justification for a group of unrelated, intractable and discomforting diseases such as maddening pruritus ani, sclerema neonatorum, dermatomyositis, certain cases of sarcoidosis, berylliosis, Behcet's syndrome, universal calcinosis, Reiter's disease and ulcers of sickle-cell anemia.

One must always bear in mind the well-defined contraindications to corticosteroid therapy and the hazards of its use, particularly if therapy is to be prolonged.

Results from topical hydrocortisone therapy are particularly pleasing in chronic eczematous otitis externa and especially when it is combined with an antibiotic drug. Results are excellent also in nuchal eczema, dermatitis of the eyelids and in pruritus ani.

More often than not, hydrocortisone ointment and lotions benefit more than do other standard remedies such diseases as atopic eczema, contact dermatitis, lichen simplex-chronicus and eczematized phases of conditions such as psoriasis and superficial mycotic infections. Preparations containing a combination of hydrocortisone and an antibiotic are more useful than hydrocortisone alone.

When used with discrimination, with full attention to the selection of cases and proper concentration in the correct vehicle, hydrocortisone preparations in combination with antibiotics are excellent antieczematous agents.

IT IS NOW approximately five years since the corticosteroids were first made available for general use and specifically recommended for the treatment of rheumatoid arthritis. Very soon, and understandably, steroid therapy was extended to the so-called relatives of arthritis—the collagen group of diseases

and diseases of hypersensitivity. And so it was that dermatology in particular felt the impact of this new wonder therapy. As steroid therapy was rapidly extended to more and more diseases, it soon became evident that the therapy had not only assets but limitations and liabilities. Because the drugs are capable of producing profound systemic reactions—some tragic in their consequences—there is still considerable disagreement as to the justification for

Guest Speaker's Address: Presented before the First General Meeting at the 84th Annual Session of the California Medical Association, San Francisco, May 1-4, 1955.

EDITORIAL

Professional Liability

ONE IN TWELVE doctors has a malpractice claim of some kind levied against him each year, according to analysts of the Northern California professional liability program. Some of these claims become lawsuits. Some of the suits are not successfully defended. The dollar size of judgments awarded by the courts increases enormously from year to year.

Trying to keep pace with the acceleration in claims, insurance companies have doubled and trebled premiums. But with premium increases always a year behind increases in the number and size of claims, the losses of the insurance companies have been staggering. They have progressively withdrawn from the field. Some insurance people hold the opinion that the day will come when physicians will be unable to get professional liability insurance at any price because there will be no insurance companies willing to underwrite the risk.

The medical profession, however, cannot withdraw from the problem of professional liability. Physicians will have to continue to live with it. Medical malpractice is therefore primarily a problem of medicine. It is not something the profession can leave to the insurance companies. It demands the interest and cooperation of every physician. It demands the study and effective, intelligent action of every medical organization.

For these reasons the California Medical Association accepted a responsibility for medical malpractice at the last meeting of its House of Delegates. The House created a Medical Review and Advisory Board to investigate and analyze all aspects of professional liability, to inform and advise the California profession, to make recommendations for effective action in this field and to cooperate with county societies and offer coordination of existing programs.

Ten physicians with a wealth of knowledge of professional liability matters in every part of the state have been named to the Board, with Joseph F. Sadusk, Jr., M.D., of Oakland, as its chairman and Wil-

bur Bailey, M.D., of Los Angeles, as its vice-chairman. The Board is well advised. It has retained the services of Joseph Linder as actuarial consultant. Mr. Linder guides the insurance aspects of the New York state malpractice insurance plan, the largest in the nation. Howard Hassard, C.M.A. legal counsel, whose law firm has nearly a half century of intimate experience in California malpractice, advises the Board on the legal aspects of the problem. Rollen Waterson, who originated the Northern California plan in Alameda County, serves the Board as executive secretary.

A section of CALIFORNIA MEDICINE devoted to the problems of professional liability makes its first appearance in this issue under the heading, "Memo from the Medical Review and Advisory Board." Dr. Sadusk's first contribution to the section, "What Price Medical Malpractice Insurance," will excite a great deal of interest, spirited comment and some controversy. He paints a dismal picture—perhaps too dismal. However, his experience and research in the field have been wide and thorough. We cannot ignore his dire predictions. Certainly any physician who has a sense of complacency in the matter of professional liability will have lost it before he has read many paragraphs of Dr. Sadusk's paper.

Certain of his conclusions deserve emphasis here:

1. The physician who selects his malpractice insurance coverage on the basis of price alone invites disaster. Factors of prime importance are stability and integrity of the insurance company, limitation of clauses in the contract detrimental to the physician, permanence for yearly renewal of coverage, and adequate reserves in the United States for paying claims or for attachment in the event of a disagreement at some future date between carrier and physician. Malpractice actions may be—and are—brought against physicians many years after the actual incident occurs. The physician, therefore, must be certain his company will still be available to defend him and, if necessary, to pay a claim.

California MEDICAL ASSOCIATION

NOTICES & REPORTS

Executive Committee Minutes

Tentative Draft: Minutes of the 252nd Meeting of the Executive Committee, San Francisco, Sir Francis Drake Hotel, September 14, 1955.

The meeting was called to order by Chairman Heron in the Cypress Room of the Sir Francis Drake Hotel, San Francisco, on Wednesday, September 14, 1955, at 6:30 p.m.

Present were President Shipman, Speaker Doyle, Council Chairman Lum, Auditing Committee Chairman Heron and Editor Wilbur. Absent for cause, President-Elect Charnock and Secretary Daniels.

A quorum present and acting.

Present by invitation were Messrs. Hunton, Clancy and Gillette of C.M.A. staff; legal counsel Hassard; health insurance consultant Waterson; Drs. Fred O. Cooley and Charles S. Mitchell of Fresno; Dr. John R. Upton, chairman of the Blood Bank Committee.

1. Central California Blood Bank:

Drs. Upton, Cooley and Mitchell reviewed the history of the Central California Blood Bank and discussed the operating problems encountered since opening of the institution on June 8, 1955. To date, they reported, the bank has not had sufficient support from various hospitals in Fresno and surrounding counties to permit an efficient operation.

On motion duly made and seconded, it was voted to extend further credit up to \$20,000, in the form of a drawing account and with the understanding that the cooperation of at least one Fresno hospital is secured.

On motion duly made and seconded, it was voted to communicate with all Association members in the five-county area, urging their support of Central California Blood Bank.

On motion duly made and seconded, it was voted that the committee go on record as supporting a system of exclusive reciprocity for the Central California Blood Bank in its area; further, that the Blood Bank System, its respective member blood

banks and their respective county medical societies support such exclusive reciprocity with Central California Blood Bank.

2. Rollen Waterson Associates:

Mr. Waterson discussed the study which he had proposed at an earlier meeting for a review of physician-patient relationships. The study would be designed to establish those areas where improvements might be accomplished through follow-up public relations activities. The study would be made by Stanford Research Associates of Palo Alto.

On motion duly made and seconded, it was voted to approve the making of this study at a cost not to exceed \$5,000.

3. Association of District Hospital Directors:

Dr. Shipman discussed an invitation he had received, asking the Association to name a committee to meet with representatives of the Association of District Hospital Directors. It was agreed that he accept this invitation, provided the California Hospital Association were also represented.

4. State Bureau of Vocational Rehabilitation:

Dr. Shipman reported that some of the voluntary health agencies were taking an interest in the growing program of the State Bureau of Voca-

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